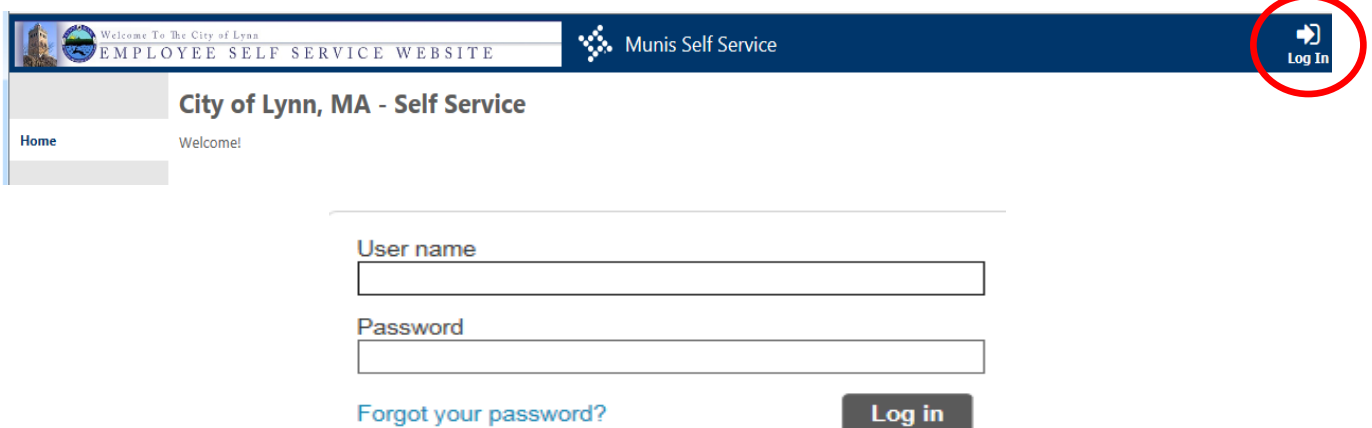


****If you are not enrolling in or making changes to your benefits, you do not need to do anything. Your benefits will continue as they are.****

Employee Self Service can be accessed directly from the link below:

<https://lynnma.munisselfservice.com/LogOffConfirmation.aspx>

The following page will open. Click on Log In and a User Name and Password box will open.



Welcome To The City of Lynn
EMPLOYEE SELF SERVICE WEBSITE

Munis Self Service

Log In

City of Lynn, MA - Self Service

Home Welcome!

User name

Password

[Forgot your password?](#) [Log in](#)

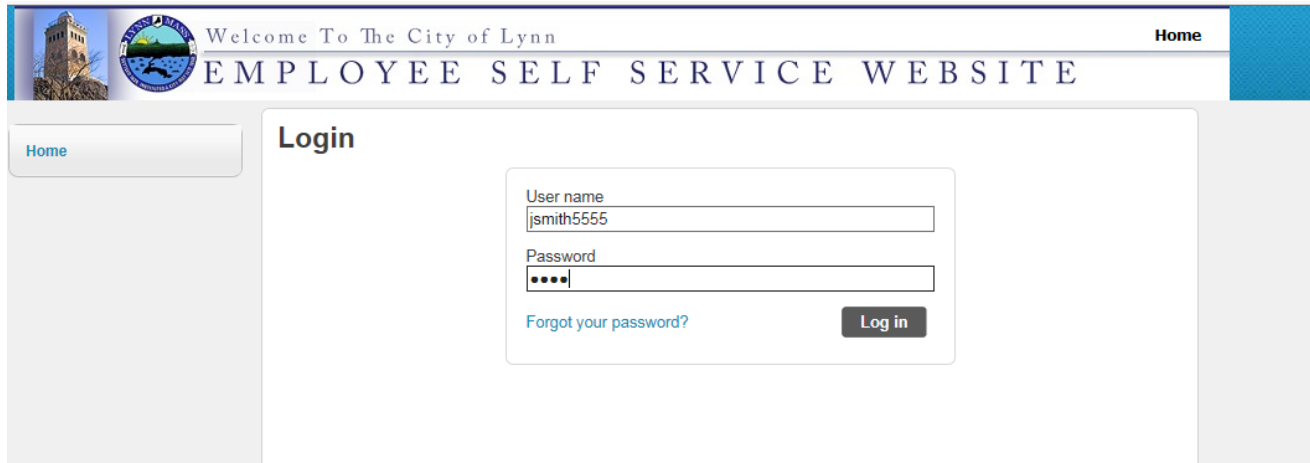
Your User name is your first initial of your first name, your last name and last 4 digits of your Social Security Number.

Example: Jsmith5555

Initially your password will be the last 4 of your Social Security Number. The first time you log on you will be prompted to change your password. Keep this password – there is no expiration on this password so you'll be able to keep it. **Please note: If you have logged in before, your password has changed to whatever personal password you chose. It will not be the last 4 of your SSN after your very first log in.**

If you are locked out after a number of incorrect attempts, please contact your Personnel Department to reset your account.

City of Lynn – Employee Self Service



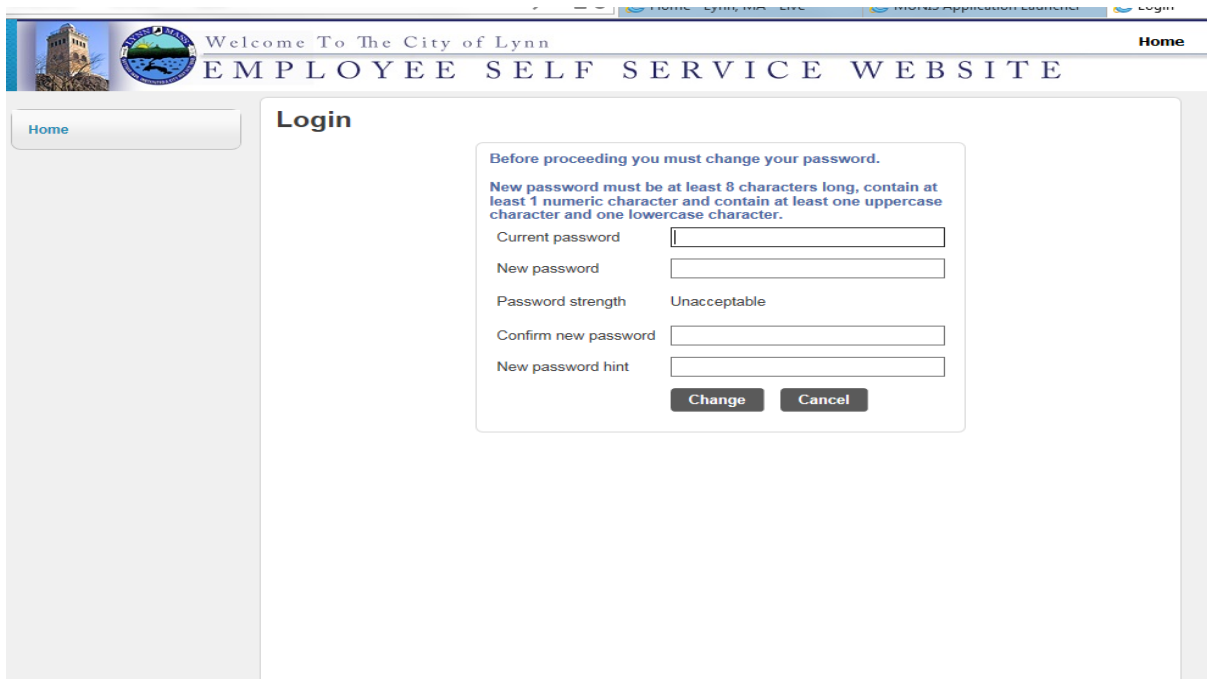
The screenshot shows the top of the website with the City of Lynn logo and the text "Welcome To The City of Lynn" and "EMPLOYEE SELF SERVICE WEBSITE". A "Home" link is in the top right. On the left, there is a "Home" button. The main content area is titled "Login" and contains a form with fields for "User name" (containing "jsmith5555") and "Password" (containing four dots). Below the password field is a link "Forgot your password?" and a "Log in" button.

Enter your user name and password and click on Log in.

Please note: If you have already changed your initial password to a personal password, please skip to page 3.

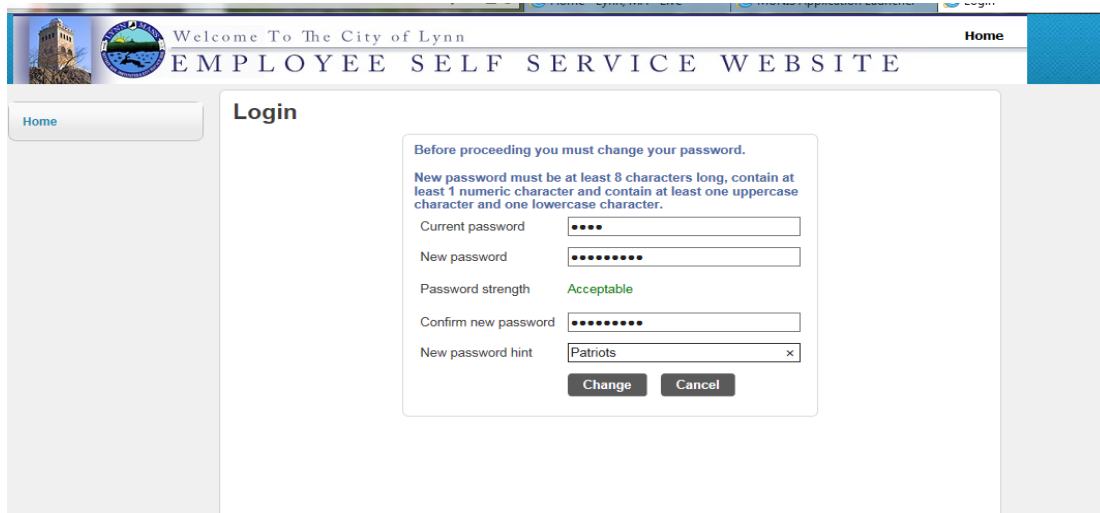
You will then be prompted with the below screen to change your password.

Your new password needs to be at least 8 characters long, contain at least 1 number and contain at least one uppercase character and one lowercase character.

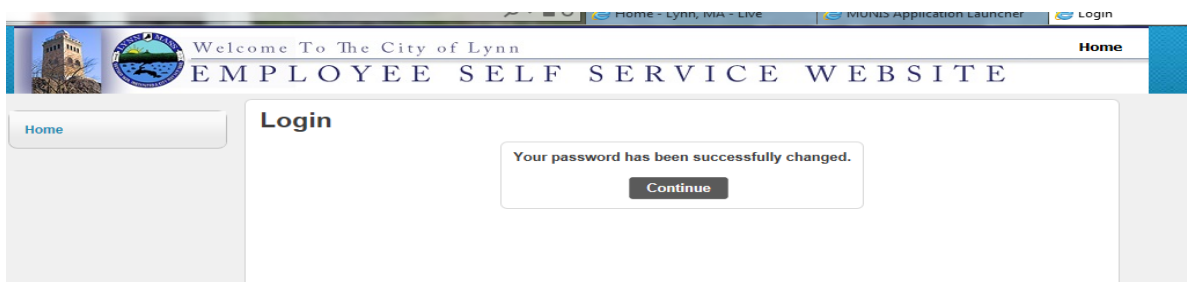


The screenshot shows the "Login" section of the website. A message states: "Before proceeding you must change your password. New password must be at least 8 characters long, contain at least 1 numeric character and contain at least one uppercase character and one lowercase character." Below this message are five input fields: "Current password", "New password", "Password strength" (displaying "Unacceptable"), "Confirm new password", and "New password hint". At the bottom of the form are "Change" and "Cancel" buttons.

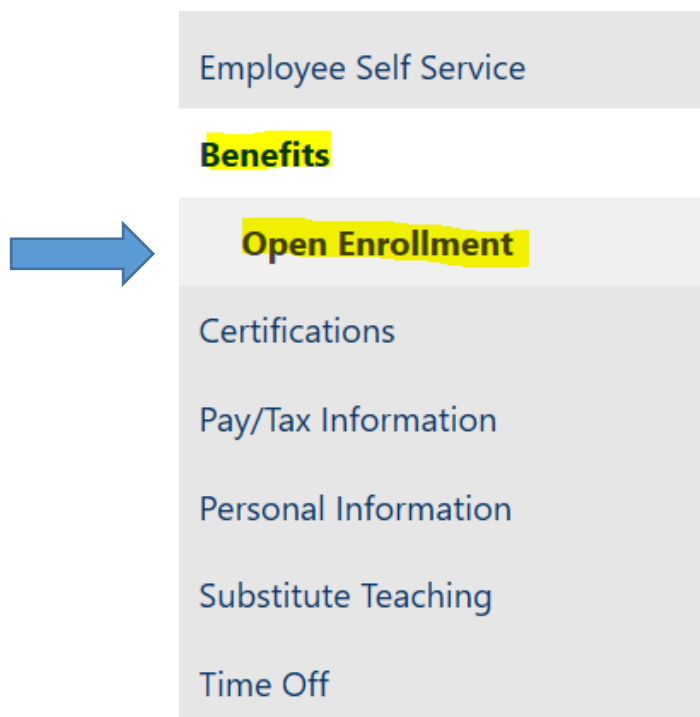
City of Lynn – Employee Self Service



Note that a password hint is required to be filled out in case you forget your password it will be emailed to you.



Click on **Benefits** and then **Open Enrollment** on the left hand side of your screen:



City of Lynn – Employee Self Service

Here, you can make your elections for Health, Dental and Vision Insurance. This screen shows what options you are currently enrolled in.

Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". You must submit this enrollment by 5/30/2022.

Please select from the following options. If you choose a family plan, you will be asked to provide dependent information for each dependent. Please note, Administration will be contacting you for detailed info regarding your Primary Care Provider "PCP".

HEALTH INSURANCE Election not made Existing benefit: HEALTH - HMO - INDIVIDUAL - (CITY) – \$59.57	DECLINE NO CHANGES SELECT ▼
DENTAL INSURANCE Election not made Existing benefit: DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (CITY) – \$11.15	DECLINE NO CHANGES SELECT ▼
VISION INSURANCE Election not made	DECLINE SELECT
Estimated total cost per pay period	
\$0.00	

The [paycheck simulator](#) can show how this affects your net pay.

CONTINUE

Let's start with Health Insurance!

If you do not want Health Insurance for FY2023, you can Click **"DECLINE"** Please Note: if you select this option, you will not be covered by our Health Insurance during fiscal year 2023!

HEALTH INSURANCE Election not made Existing benefit: HEALTH - HMO - INDIVIDUAL - (CITY) – \$59.57	DECLINE NO CHANGES SELECT ▼
--	-----------------------------

If you are happy with your Health Insurance and do not want to change plans, you can click **"NO CHANGES"**

HEALTH INSURANCE Election not made Existing benefit: HEALTH - HMO - INDIVIDUAL - (CITY) – \$59.57	DECLINE NO CHANGES SELECT ▼
--	-----------------------------

If you want to change your Health Insurance Plan, please click on **"SELECT"**

HEALTH INSURANCE Election not made Existing benefit: HEALTH - HMO - INDIVIDUAL - (CITY) – \$59.57	DECLINE NO CHANGES SELECT ▼
--	-----------------------------

City of Lynn – Employee Self Service

When you click “**SELECT**”, the following screen appears.

(Please note all of the options listed below say (CITY). If you are logging in as a School Department employee, you will see (SCHOOL) instead of (CITY) in each of the plan names below. Pay Period Costs will also vary for Schools as you make 38 payments per year and City employees make 48 payments per year.)

☐ **HEALTH - HMO - INDIVIDUAL - (CITY)**

Pay period employee cost	\$61.25
Pay period employer cost	\$183.73
Employee annual cost	\$2,940.00
Employer annual cost	\$8,819.04

☐ **HEALTH - HMO - FAMILY - (CITY)**

Pay period employee cost	\$163.99
Pay period employer cost	\$491.97
Employee annual cost	\$7,871.52
Employer annual cost	\$23,614.56

☐ **HEALTH - PPO - INDIVIDUAL - (CITY)**

Pay period employee cost	\$120.09
Pay period employer cost	\$280.20
Employee annual cost	\$5,764.32
Employer annual cost	\$13,449.60

☐ **HEALTH - PPO - FAMILY - (CITY)**

Pay period employee cost	\$322.36
Pay period employer cost	\$752.17
Employee annual cost	\$15,473.28
Employer annual cost	\$36,104.16

☐ **I Decline**

Select the Plan you would like to enroll in and then click “**Continue**.”

City of Lynn – Employee Self Service

If you are enrolling in a Family Plan, you will need to add your dependents.

<input checked="" type="radio"/> HEALTH - HMO - FAMILY - (CITY)	Coverage must be added for at least 1 dependent
Pay period employee cost \$163.99	+ ADD NEW DEPENDENT
Pay period employer cost \$491.97	
Employee annual cost \$7,871.52	
Employer annual cost \$23,614.56	

Click the “+ **Add New Dependent**” hyperlink.

Fill in all required info and then click “**SAVE**” (Please note someone from Administration will be emailing you for detailed info about your Primary Care Provider before approving your enrollment.)

Add a new dependent

First name*

George

Middle initial

M

Last name*

Banks

Suffix

Date of birth*

8/21/2015

Gender

MALE

Relationship*

CHILD

☐ Handicapped

Social Security number*

123-45-6789

[Save](#)

[Cancel](#)

Once all of your dependents are listed in this area, please click “**Continue.**”

City of Lynn – Employee Self Service

This should bring you back to the original Open Enrollment Screen. Now you will see a **New Election** listed for Health Insurance. In this example, I went from an Individual HMO Plan to a Family HMO Plan.

Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 5/30/2022.*

Please select from the following options. If you choose a family plan, you will be asked to provide dependent information for each dependent. Please note, Administration will be contacting you for detailed info regarding your Primary Care Provider "PCP".


HEALTH INSURANCE HEALTH - HMO - FAMILY - (CITY) – \$163.99 Existing benefit: HEALTH - HMO - INDIVIDUAL - (CITY) – \$59.57	DECLINE EDIT 
--	--

Next up, Dental Insurance!

If you do not want Dental Insurance for FY2023, you can Click **“DECLINE.”** **Please Note: if you select this option, you will not be covered by our Dental Insurance during fiscal year 2023!**

DENTAL INSURANCE <i>Election not made</i> Existing benefit: DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (CITY) – \$11.15	DECLINE NO CHANGES SELECT 
--	---

If you are happy with your Dental Insurance and do not want to change plans, you can click **“NO CHANGES.”**

DENTAL INSURANCE <i>Election not made</i> Existing benefit: DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (CITY) – \$11.15	DECLINE NO CHANGES SELECT 
--	---

If you want to change your Dental Insurance Plan, please click on **“SELECT.”**

DENTAL INSURANCE <i>Election not made</i> Existing benefit: DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (CITY) – \$11.15	DECLINE NO CHANGES SELECT 
--	---

City of Lynn – Employee Self Service

When you click “**SELECT**”, the following screen appears.

☐ **DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (CITY)**

Pay period employee cost	\$11.15
Pay period employer cost	\$0.00
Employee annual cost	\$579.80
Employer annual cost	\$0.00

☐ **DENTAL - ALTUS - LOW PLAN - FAMILY - (CITY)**

Pay period employee cost	\$31.06
Pay period employer cost	\$0.00
Employee annual cost	\$1,615.12
Employer annual cost	\$0.00

☐ **DENTAL - ALTUS - HIGH PLAN - INDIVIDUAL - (CITY)**

Pay period employee cost	\$12.96
Pay period employer cost	\$0.00
Employee annual cost	\$673.92
Employer annual cost	\$0.00

☐ **DENTAL - ALTUS - HIGH PLAN - FAMILY - (CITY)**

Pay period employee cost	\$37.85
Pay period employer cost	\$0.00
Employee annual cost	\$1,968.20
Employer annual cost	\$0.00

☐ **I Decline**

In this example, I am selecting a Family Plan. It has pulled the dependents I listed under my Health Insurance already, you just need to click on each of your dependents in the “**Add existing dependent**” drop down and click “**SAVE.**”

City of Lynn – Employee Self Service

<input checked="" type="radio"/> DENTAL - ALTUS - LOW PLAN - FAMILY - (CITY)		Coverage must be added for at least 1 dependent
Pay period employee cost	\$31.06	+ ADD NEW DEPENDENT
Pay period employer cost	\$0.00	Add existing dependent ▼
Employee annual cost	\$1,615.12	
Employer annual cost	\$0.00	

Confirm the information included in the required fields and click “**SAVE**”

GEORGE M BANKS

First name*

GEORGE

Middle initial

M

Last name*

BANKS

Suffix

Date of birth*

8/21/2015

Gender

MALE ▼

Relationship*

CHILD ▼

☐ Handicapped

Social Security number*

XXX-XX-XXXX

Save

Cancel

Once all of your dependents are listed in this area, please click “**Continue.**”

City of Lynn – Employee Self Service

<input checked="" type="radio"/> DENTAL - ALTUS - LOW PLAN - FAMILY - (CITY)	Coverage can be added for additional dependents + ADD NEW DEPENDENT
Pay period employee cost	\$31.06
Pay period employer cost	\$0.00
Employee annual cost	\$1,615.12
Employer annual cost	\$0.00

✓ GEORGE M BANKS [Edit](#) | [Remove](#)

This should bring you back to the original Open Enrollment Screen. Now you will see a **New Election** listed for both Health Insurance and Dental Insurance. In this example, I went from an Individual Low Dental Plan to a Family Low Dental Plan.

Open Enrollment – Make Elections

1 Make a selection for each benefit, then click "Continue". You must submit this enrollment by 5/30/2022.

Please select from the following options. If you choose a family plan, you will be asked to provide dependent information for each dependent. Please note, Administration will be contacting you for detailed info regarding your Primary Care Provider "PCP".

HEALTH INSURANCE HEALTH - HMO - FAMILY - (CITY) – \$163.99 Existing benefit: HEALTH - HMO - INDIVIDUAL - (CITY) – \$59.57	DECLINE EDIT ▼
DENTAL INSURANCE DENTAL - ALTUS - LOW PLAN - FAMILY - (CITY) – \$31.06 Existing benefit: DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (CITY) – \$11.15	DECLINE EDIT ▼
VISION INSURANCE Election not made	DECLINE SELECT
Estimated total cost per pay period	
\$195.05	

The [paycheck simulator](#) can show how this affects your net pay.

[CONTINUE](#)

Next up, Vision Insurance!

If you do not want Vision Insurance for FY2023, you can Click “**DECLINE.**” **Please Note: if you select this option, you will not be covered by our Vision Insurance during fiscal year 2023!**

VISION INSURANCE Election not made	DECLINE SELECT
--	--

If you want to enroll in a Vision Insurance Plan, please click on “**SELECT.**”

VISION INSURANCE Election not made	DECLINE SELECT
--	--

When you click “**SELECT**”, the following screen appears.

City of Lynn – Employee Self Service

☐ **VISION - ALTUS VISION 175 - EMPLOYEE (CITY)**

Pay period employee cost	\$1.95
Pay period employer cost	\$0.00
Employee annual cost	\$101.40
Employer annual cost	\$0.00

☐ **VISION - ALTUS VISION 175 - EMPLOYEE & SPOUSE (CITY)**

Pay period employee cost	\$3.90
Pay period employer cost	\$0.00
Employee annual cost	\$202.80
Employer annual cost	\$0.00

☐ **VISION - ALTUS VISION 175 - EMPLOYEE & CHILD(REN) (CITY)**

Pay period employee cost	\$5.00
Pay period employer cost	\$0.00
Employee annual cost	\$260.00
Employer annual cost	\$0.00

☐ **VISION - ALTUS VISION 175 - FAMILY (CITY)**

Pay period employee cost	\$7.64
Pay period employer cost	\$0.00
Employee annual cost	\$397.28
Employer annual cost	\$0.00

☐ **I Decline**

In this example, I am selecting an Employee & Child(ren) Plan. It has pulled the dependents I listed under my Health Insurance already, you just need to click on each of your dependents in the “**Add existing dependent**” drop down and click “**SAVE.**”

☒ **VISION - ALTUS VISION 175 - EMPLOYEE & CHILD(REN) (CITY)**

Pay period employee cost	\$5.00
Pay period employer cost	\$0.00
Employee annual cost	\$260.00
Employer annual cost	\$0.00

Coverage must be added for at least 1 dependent

[+ ADD NEW DEPENDENT](#)

Add existing dependent ▼

City of Lynn – Employee Self Service

GEORGE M BANKS

First name*

GEORGE

Middle initial

M

Last name*

BANKS

Suffix

Date of birth*

8/21/2015

Gender

MALE

Relationship*

CHILD

☐ Handicapped

Social Security number*

XXX-XX-XXXX

[Save](#)

[Cancel](#)

Once all of your dependents are listed in this area, please click “**Continue.**”

☒ **VISION - ALTUS VISION 175 - EMPLOYEE & CHILD(REN) (CITY)**

Pay period employee cost **\$5.00**

Pay period employer cost \$0.00

Employee annual cost \$260.00

Employer annual cost \$0.00

Coverage can be added for additional dependents

[+ ADD NEW DEPENDENT](#)



GEORGE M BANKS

[Edit](#) | [Remove](#)

This should bring you back to the original Open Enrollment Screen. Now you will see a **New Election** listed for Health Insurance, Dental Insurance, and Vision Insurance.

City of Lynn – Employee Self Service

Open Enrollment – Make Elections

1 Make a selection for each benefit, then click "Continue". You must submit this enrollment by 5/30/2022.

Please select from the following options. If you choose a family plan, you will be asked to provide dependent information for each dependent. Please note, Administration will be contacting you for detailed info regarding your Primary Care Provider "PCP".

HEALTH INSURANCE

HEALTH - HMO - FAMILY - (CITY) – \$163.99

Existing benefit: HEALTH - HMO - INDIVIDUAL - (CITY) – \$59.57

[DECLINE](#) [EDIT](#) [▼](#)

DENTAL INSURANCE

DENTAL - ALTUS - LOW PLAN - FAMILY - (CITY) – \$31.06

Existing benefit: DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (CITY) – \$11.15

[DECLINE](#) [EDIT](#) [▼](#)

VISION INSURANCE

VISION - ALTUS VISION 175 - EMPLOYEE & CHILD(REN) (CITY) – \$5.00

[DECLINE](#) [EDIT](#) [▼](#)

Estimated total cost per pay period

\$200.05

The [paycheck simulator](#) can show how this affects your net pay.

[CONTINUE](#)

If you are happy with your elections, please click **“CONTINUE.”**

Once you click **“CONTINUE”**, you will be able to review your elections.

Review your enrollment

HEALTH INSURANCE

HEALTH - HMO - FAMILY - (CITY)

GEORGE M BANKS

Pay period employee cost

Pay period employer cost

Annual employee cost

Annual employer cost

\$163.99

\$491.97

\$7,871.52

\$23,614.56

DENTAL INSURANCE

DENTAL - ALTUS - LOW PLAN - FAMILY - (CITY)

GEORGE M BANKS

Pay period employee cost

Pay period employer cost

Annual employee cost

Annual employer cost

\$31.06

\$0.00

\$1,615.12

\$0.00

VISION INSURANCE

VISION - ALTUS VISION 175 - EMPLOYEE & CHILD(REN) (CITY)

GEORGE M BANKS

Pay period employee cost

Pay period employer cost

Annual employee cost

Annual employer cost

\$5.00

\$0.00

\$260.00

\$0.00

TOTAL PAY PERIOD EMPLOYEE COST

\$200.05

TOTAL PAY PERIOD EMPLOYER COST

\$491.97

TOTAL ANNUAL EMPLOYEE COST

\$9,746.64

TOTAL ANNUAL EMPLOYER COST

\$23,614.56

[CANCEL](#) [MODIFY](#)

[SUBMIT](#)

From here you can either **“MODIFY”** your elections or click **“SUBMIT.”**

If done successfully, you should see this confirmation at the top of your screen:

Confirmation

⊕ Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

Thank you for your enrollment. Please print this page.

Benefit Contacts

School - benefits@lynnma.gov

City - [Nancie DeJoie](#)

HFAITH INSURANCE

Up until the Benefits department approves your enrollment, you can still go back and make changes. The bottom of your screen should have these options:

You can now...

- [Make changes to your new elections](#)
- [Use other services](#)

CONGRATULATIONS! You're done! At this point, you will want to send an email with your Primary Care Provider's Name and Address to the following people:

School – Benefits Department benefits@lynnma.gov

City – Nancie DeJoie ndejoie@lynnma.gov

If they don't hear from you they will be reaching out to you. Please reply as soon as possible!